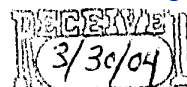


2472 8252 0000 0922 E002



## MEDICAL CLAIM

SF 95 (Face)

CLAIM FOR DAMAGE, INJURY, OR DEATH	INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008
1. Submit To Appropriate Federal Agency: <b>REGIONAL COUNSEL, NORTHEAST REGIONAL OFFICE U.S. CUSTOMS HOUSE-7TH FLOOR 2ND &amp; CHESTNUT STREETS PHILADELPHIA, P.A. 19106</b>		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and ZIP Code) <b>DARRYL ORRIN BAKER NO. #19613-039 P.O. BOX 8000 BRADFORD, P.A. 16701 FEDERAL CORRECTIONAL INSTITUTION</b>	
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	4. DATE OF BIRTH <b>6-30-62</b>	5. MARITAL STATUS <b>DIVORCED</b>	6. DATE AND DAY OF ACCIDENT <b>FEBRUARY 27, 2004</b>
		7. TIME (A.M. OR P.M.) <b>8:10 p.m.</b>	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)			

( SEE ATTACHMENT )

MEDICAL CLAIM

9. PROPERTY DAMAGE	
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and ZIP Code)	
N/A	
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on the reverse side.)	
N/A	
10. PERSONAL INJURY/WRONGFUL DEATH	
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.	
( SEE ATTACHMENT ) MEDICAL CLAIM	

11. WITNESSES			
NAME	ADDRESS (Number, street, city, State, and ZIP Code)		
( SEE ATTACHMENT )	( SEE ATTACHMENT )		
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)			
12a. PROPERTY DAMAGE N/A	12b. PERSONAL INJURY \$15 MILLION	12c. WRONGFUL DEATH N/A	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$15 MILLION

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

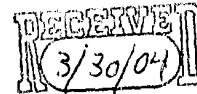
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) <i>Darryl Baker</i>	13b. Phone Number of signatory	14. DATE OF CLAIM 6-13-04
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

95-109  
Previous editions not usable.

NSN 7540-00-634-4046

STANDARD FORM 95 (Rev. 7-85)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

(This form may be replicated via WP)



SF 95 (Face)

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.			FORM APPROVED OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency: <b>REGIONAL COUNSEL, NORTHEAST REGIONAL OFFICE U.S. CUSTOMS HOUSE-7TH FLOOR 2ND &amp; CHESTNUT STREETS PHILADELPHIA, P.A. 19106</b>				2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and ZIP Code) <b>DARRYL ORRIN BAKER NO. #19613-039 P.O. BOX 8000 BRADFORD, P.A. 16701 FEDERAL CORRECTION INSTITUTION</b>		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN		4. DATE OF BIRTH <b>06-30-62</b>	5. MARITAL STATUS <b>DIVORCED</b>	6. DATE AND DAY OF ACCIDENT <b>FEBRUARY 27, 2004</b>		7. TIME (A.M. OR P.M.) <b>8:10 p.m.</b>

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

( SEE ATTACHMENT )

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and ZIP Code)

N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on the reverse side.)

N/A

10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

( SEE ATTACHMENT )

11. WITNESSES

NAME	ADDRESS (Number, street, city, State, and ZIP Code)
( SEE ATTACHMENT )	( SEE ATTACHMENT )

12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE <b>N/A</b>	12b. PERSONAL INJURY <b>\$20 MILLION</b>	12c. WRONGFUL DEATH <b>N/A</b>	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) <b>\$20 MILLION</b>
------------------------------------	---	-----------------------------------	---

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) <i>Darryl Baker</i>	13b. Phone Number of signatory	14. DATE OF CLAIM <b>6-13-04</b>
---	--------------------------------	-------------------------------------

CIVIL PENALTY FOR PRESENTING  
FRAUDULENT CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT  
CLAIM OR MAKING FALSE STATEMENTS

The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

95-109

NSN 7540-00-634-4046

STANDARD FORM 95 (Rev. 7-85)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

Previous editions not usable.

(This form may be replicated via WP)

(EXHIBIT 2)

**AFFIDAVIT**

**SWORN UNDER THE PENALTIES OF PERJURY:**

- (1) I inmate Thurman Johnson, was assigned to the ten (10) man cell on February 27, 2004.
- (2) That inmate Baker, was assaulted by to inmates in the ten man cell on February 27, 2004.
- (3) That Officer Weseman, was not patrolling the Unit when this assault took place on inmate Baker.
- (4) That Officer Weseman, was not in the Unit when the assault took place.
- (5) That Officer Weseman, was unaware what took place on February 27, 2004.
- (6) That inmate Baker, was bleeding profusely and suffered a injury to his left eye.

Respectfully submitted

/s/ Thurman Johnson  
INMATE THURMAN JOHNSON  
REG. NO.# 11013-055  
P.O. BOX 8000  
F.C.I. MCKEAN  
BRADFORD, P.A. 16701

**DATED APRIL 15, 2004.**

**THAT THESE STATEMENTS FROM 1 THRU 6 ARE TRUE UNDER THE PENALTIES OF PERJURY:**


**AFFIDAVIT**

**SWORN AFFIDAVIT UNDER THE PENALTIES OF PERJURY:**

- (1) I inmate Tim, was assigned to the ten (10) man cell on February 27, 2004.
- (2) That on February 27, 2004, at approximately 8:05p.m. I was asleep in the ten (10) man cell.
- (3) That when I awoke, I saw inmate Baker, being assaulted by two (2) other inmates.
- (4) Inmate Baker, was bleeding profusely and he had a injury to his left eye.

Respectfully submitted

/s/

  
INMATE TIMOTHY BRADLEY  
REG. NO.#03098-049  
P.O. BOX 8000  
F.C.I. MCKEAN  
BRADFORD, P.A. 16701

**DATED APRIL 10, 2004.**

**THAT THESE STATEMENTS FROM 1 THRU 4 ARE TRUE UNDER THE PENALTIES OF PERJURY:**

(EXHIBIT 3)

# SENECA EYE SURGEONS

Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

April 16, 2004

#19613-039

Dr. H. Beam  
Health Center  
FCI McKean  
PO Box 5000  
Bradford, PA 16701

Re: Darryl O. Baker  
DOB: 6/30/1962  
DX: Orbital Floor Fracture w/Entrapment  
DATE OF EVAL: 4/15/04

Mr. Baker was seen April 15<sup>th</sup>. He had been struck in the left eye February 27<sup>th</sup> with a fist. He was complaining of blurred vision in both eyes. He does note that he gets double vision when he looks up. This is especially noticeable when he is weight lifting and doing, I believe, bent over rows and is looking straight ahead with his head tilted down.

His vision was 20/100 in the right eye and 20/200 on the left. This was easily correctable to 20/20 in either eye with an eyeglass prescription. The eyes were well aligned straight ahead. However, with up gaze the left eye did not elevate or look as far up as the right eye. I did not see any signs that the left eye was protruding further out or recessed into the eye more so than the right. The retina was normal.

The reports of the CT did suggest that there was some scarring of the floor of the orbit with possible adhesions to the inferior rectus muscle. Typically, in ophthalmology even with a fracture of the orbital floor, we like to wait at least two weeks to see that it heals on its own and the muscle entrapment is resolved. He is about six to eight weeks out and complaining of symptoms. Because he is well aligned at near, I think it would be better to take a conservative approach as the scarring is adherent to the muscle. However, it may be worthwhile to get a secondary opinion from an orbital plastic specialist who deals with these on a regular basis.

Thank you for allowing me to participate in Darryl's care. If you do not pursue an orbital evaluation, have him see me again in another three months.

Best regards,

*N. Stathopoulos, MD*

Nicholas A. Stathopoulos, M.D.

NAS/js

Cc Darryl C. Baker

REVIEWED BY

*Beam*  
4/21/04

H. BEAM, MD  
FCI MCKEAN

103 West St. Clair Street  
Warren, PA 16365  
(814)726-2020  
1-877-MD4-EYES  
Fax (814)726-1215

27 Porter Avenue  
Jamestown, NY 14701  
(716)483-2020  
1-866-716-EYES  
Fax (716)488-9295

2 Main Street  
Bradford, PA 16701  
(814)362-7477  
1-866-814-EYES  
Fax (814)362-4975

(EXHIBIT 4)



UNICOR FEDERAL PRISON INDUSTRIES INC.  
LEAVENWORTH, KANSAS

1/29/05 muel j

U.S. DEPARTMENT OF JUSTICE

## REQUEST FOR ADMINISTRATIVE REMEDY

Federal Bureau of Prisons

*Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.*

From: <u>BAKER DARRYL ORRIN</u>	<u>19613-039</u>	<u>G-A</u>	<u>FSL ELKTON</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

## Part A- INMATE REQUEST

I HAVE RECEIVED RETALIATION, DELIBERATIVELY INDIFFERNECE, EIGHTH AMENDMENT VIOLATION FOR FILING GRIEVANCE BY MS. BARNES, DOCTOR QUINN, AND THE EYE DOCTOR.

RELIEF REQUESTED: I AM HAVING EXCRUCIATING PAIN IN MY LEFT EYE AND NEED MEDICAL TREATMENT FROM A ORBITAL SPECIALIST.

FEBRUARY 3, 2005.

DATE

SIGNATURE OF REQUESTER

## Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

*If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.*

ORIGINAL: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

## Part C- RECEIPT

Return to:

LAST NAME FIRST MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

February 10, 2005.

WARDEN:

(1) I inmate Baker, has been to the FSL Medical Department on several occasions seeking treatment for an injury I sustained on February 27, 2004.

(2) I have been seeking treatment for an Orbital Fracture that occurred on February 27, 2004, and have been denied treatment by Ms. Barnes, Dr. Quinn, and the Eye Specialist, here at FSL Elkton Medical Department.

(3) I have been having excruciating pain in my left eye, and see double vision when I look up and to the left and right sides.

(4) As a result of the injury I sustained to my left eye on February 27, 2004, and I have been Retaliated against, received Deliberate Indifference, and denied my Eighth Amendment Rights.

(5) Warden, would you please look into the matter because, I am still having excruciating pain in my left eye and I am still seeing double and having double vision.

Sincerely,

/s/ Darryl Baker  
INMATE BAKER  
REG. NO. # 19613-039

RECEIVED

2005 FEB 14 P 12:20

FELKTON  
WARDEN'S OFFICE

COPY

**REQUEST FOR ADMINISTRATIVE REMEDY  
PART B - RESPONSE**

**BAKER, Darryl Orrin**

Reg. No.: 19613-039

Remedy I.D.: 366343-F7

Qtr: Unit G/A

This is in response to your Request for Administrative Remedy received March 3, 2005, in which you request to be seen by an orbital specialist. In addition, you allege "retaliation, deliberate indifference, and violation of your Fifth Amendment right."

Investigation into this matter reveals you suffered an orbital floor fracture when you were assaulted on February 27, 2004, at FCI McKean but you did not seek treatment until February 29, 2004. On August 12, 2004, you were transferred to FCI Elkton. Since that time, you have been evaluated on numerous occasions by the physician assistant, the staff physician, and the Clinical Director for eye pain. You were scheduled to undergo a CT Scan of your head; however, due to technical difficulties the test was unable to be performed. The medical staff is in the process of rescheduling your test and you are tentatively scheduled March 28, 2005. A medical determination will be made pending the results of this test, and if it is clinically indicated you will be scheduled to see an orbital specialist. In addition, your medical record reveals you have received well-documented care and appropriate medical treatment. As a result, you have provided no viable evidence that staff have retaliated, shown deliberate indifference, or violated your Fifth Amendment Rights.

Based on these findings, your Request for Administrative Remedy is neither granted nor denied, but for informational purposes only.

If you are dissatisfied with this response, you may appeal to the Regional Director, Bureau of Prisons, Northeast Region, U.S. Customs House, 7<sup>th</sup> Floor, 2<sup>nd</sup> and Chestnut Streets, Philadelphia, Pennsylvania, 19106, within 20 calendar days of the date of this response.

  
T. R. Sniezek, Warden

3/25/05  
Date

UNITED STATES GOVERNMENT

# memorandum

FCI Elkton, Ohio

Date:

6/8/05

Reply to: Jane Barnes, PA-C

Attn of: Acting Assistant Health Services Administrator

Michele, Keller, D.O.

Clinical Director/URC Chairman

Subject: Community Referral Approval/Denial

To:

Baker Darryl

Reg. No:

19613-039

Unit:

GA

This is to advise you that on 6/8/05, your medical case/condition was presented to the *Utilization Review Committee* to determine the clinical indication and/or benefit, as well as the urgency and non-urgency of referring you to the community to undergo additional diagnostic testing, and/or an evaluation by a specialist. It was the decision of the *Utilization Review Committee* that your case has been:

approved

disapproved

tabled at this time. (See below).

If your case has been approved, you will be scheduled in the near future to have the diagnostic testing/surgical evaluation/specialists' evaluation, etc., performed in the community. Due to security concerns, you will not be advised of the date of the referral or be provided additional information on the Escorted Medical Trip until the date of the trip. If you have any change in your condition or symptoms, report them to the Clinical Director and/or your Primary Care Provider. \*\*\*If you decide that you do not agree with the referral and or testing, you MUST report to the Clinical Director (in writing) that you are not agreeing to proceed with the referral.

If your case has been disapproved at this time, it has been determined by the committee that the benefit of the referral may not be achieved, and/or, your condition can be maintained in-house. This does not mean that you do not have a legitimate medical condition; however, it indicates that the condition may not be improved by a community referral or it is currently being managed and routinely evaluated in the Chronic Care Clinic. This does not mean that your condition may not warrant future referral to the community; however, this is based on results on continued in-house monitoring, diagnostic results and/or a change in your condition. If you have any questions, you must discuss this with the Clinical Director and/or your Primary Care Provider.

If the decision to table your case was made, this indicates that you will be scheduled for an additional testing and/or evaluation and/or repeat evaluation in-house. Your case then will be presented to the Utilization Review Committee at a later date.

98 all  
ophtalmologist  
within 2-3 months

CJMG24

## U.S. DEPARTMENT OF JUSTICE

## REQUEST FOR ADMINISTRATIVE REMEDY

Federal Bureau of Prisons

---

*Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.*

From:	BAKER DARRYL ORRIN	# 19613-039	G-A	FSL ELKTON
	LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

---

## Part A- INMATE REQUEST

I HAVE BEEN RETALIATED FOR FILING GRIEVANCES AND RECEIVED DELIBERATIVELY INDIFFERENCE UNDER THE EIGHTH AMENDMENT FOR BEING DENIED MEDICAL TREATMENT BY STAFF HERE AT FSL ELKTON. STAFF HERE AT FSL THAT ARE RESPONSIBLE FOR RETALIATION ARE: MR. HOWARD COUNSELOR, BRAIN DICKINSON OFFICER, WARDEN SENIZEK, SIS LIEUTENANT MCKENNY, THIS INCIDENT OCCURRED ON AUGUST 11, 2005. ALSO, I WAS RETALIATED AGIANST BY MS. SHASTEEN ACCOUNT MANAGER

AUGUST 24, 2005

DATE

  
SIGNATURE OF REQUESTER

## Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

*If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.*

ORIGINAL: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

## Part C- RECEIPT

Return to:	LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION
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7-21-05  
MEDICAL  
L

ELK 1330.13  
April 08, 1997  
Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY  
INFORMAL RESOLUTION FORM  
FCI, ELKTON, OHIO

Bureau of Prisons Program Statement 1330.13 "Administrative Remedy Procedures for Inmates", states that "before an inmate seeks formal review of a complaint he must try to resolve the complaint informally by presenting it to a staff member." The staff member must also try to resolve the complaint "informally" before the inmate will be given an Administrative Remedy Form.

SUBMITTED AUGUST 10, 2005

INFORMAL RESOLUTION NUMBER: CJ10024

INMATE'S NAME: DARRYL ORRIN BAKER NO. #19613-039 UNIT G-A

1. Specific Complaint: RETALIATION, DELIBERATIVELY INDIFFERENCE, EIGHTH AMENDMENT VIOLATION FOR FILING GRIEVANCE BY MS. BARNES, DOCTOR QUINN, DOCTOR MOHIB SIDHOM, DOCTOR KELLER, MS. NESSUER, CASE MANAGER, MR. HOWARD, MR. MARILIK,
2. Relief Requested: I AM HAVING EXCRUCIATING PAIN IN MY LEFT EYE AND NEED MEDICAL TREATMENT FROM A ORBITAL SPECIALIST.

Date/Time Complaint received from inmate: \_\_\_\_\_

4. Date/Time Informally discussed with inmate: \_\_\_\_\_

5. Staff Response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Date Administrative Remedy provided: \_\_\_\_\_

7. Informal Resolution was / was not accomplished.

Inmate's Signature/Register No. \_\_\_\_\_

Date \_\_\_\_\_

STAFF MEMBER'S NAME & TITLE \_\_\_\_\_

DATE \_\_\_\_\_

UNIT MANAGER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**DISTRIBUTION:** If complaint is informally resolved before being receipted, Correctional Counselors shall maintain informal resolution form for future reference. If complaint is not informally resolved, forward original resolution form, attached to administrative remedy, to the Administrative Remedy Clerk.

7/21/05  
Due to loss of LW  
L

ELK 1330.13  
April 08, 1997  
Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY  
INFORMAL RESOLUTION FORM  
FCI, ELKTON, OHIO

Bureau of Prisons Program Statement 1330.13 "Administrative Remedy Procedures for Inmates", states that "before an inmate seeks formal review of a complaint he must try to resolve the complaint informally by presenting it to a staff member." The staff member must also try to resolve the complaint "informally" before the inmate will be given an Administrative Remedy Form.

INFORMAL RESOLUTION NUMBER: C114025 SUBMITTED AUGUST 10, 2005

INMATE'S NAME: DARRYL ORRIN BAKER NO. # 19613-039 UNIT G-A

1. Specific Complaint: RETALIATION, DELIBERATIVELY INDIFFERENCE, EIGHTH AMENDMENT VIOLATION FOR FILING GRIEVANCE, MR. HOWARD, COUNSELOR, MS. SHASTEEN RECORDS

2. Relief Requested: NOT TO BE HARASSED BY F.S.L. STAFF.

Date/Time Complaint received from inmate: \_\_\_\_\_

4. Date/Time Informally discussed with inmate: \_\_\_\_\_

5. Staff Response: \_\_\_\_\_  
\_\_\_\_\_

6. Date Administrative Remedy provided: \_\_\_\_\_

7. Informal Resolution was / was not accomplished.

Inmate's Signature/Register No. \_\_\_\_\_

Date \_\_\_\_\_  


STAFF MEMBER'S NAME & TITLE \_\_\_\_\_

DATE \_\_\_\_\_

UNIT MANAGER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**DISTRIBUTION:** If complaint is informally resolved before being receipted, Correctional Counselors shall maintain informal resolution form for future reference. If complaint is not informally resolved, forward original resolution form, attached to administrative remedy, to the Administrative Remedy Clerk.



UNICOR FEDERAL PRISON INDUSTRIES INC.  
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

## REQUEST FOR ADMINISTRATIVE REMEDY

*Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.*

From: <u>BAKER DARRYL ORRIN</u>	<u># 19613-039</u>	<u>G-A</u>	<u>FSL ELKTON</u>
<small>LAST NAME, FIRST, MIDDLE INITIAL</small>	<small>REG. NO.</small>	<small>UNIT</small>	<small>INSTITUTION</small>

## Part A- INMATE REQUEST

I INMATE BAKER HAS BEEN REQUESTING MEDICAL TREATMENT FROM FSL ELKTON STAFF FOR OVER A YEAR CONCERNING MY LEFT EYE WHICH I SUSTAINED A INJURY. STAFF HERE HAS BEEN DELIBERATIVELY INDIFFERENCE TOWARD MY MEDICAL NEED, AND RETALIATED AGAINST FOR FILING GRIEVANCES. I AM STILL HAVING EXCRUCIATING PAIN AND NEED MEDICAL TREATMENT. THE FOLLOWING STAFF MEMBERS HAVE BEEN RESPONSIBLE FOR DENYING ME MEDICAL TREATMENT AND PAIN AND RETALIATION ARE: MS. BARNES, DOCTOR QUINN, DOCTOR AZIB MUHAMMID, DOCTOR KELLER, MR. HOWARD COUNSELOR, WARDEN SENIZEK.

AUGUST 24, 2005

DATE



SIGNATURE OF REQUESTER

## Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

## Part C- RECEIPT

Return to: \_\_\_\_\_



11.8  
Merrill J. FETTER  
J

ELK 1330.13  
April 08, 1997  
Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY  
INFORMAL RESOLUTION FORM  
FCI, ELKTON, OHIO

Bureau of Prisons Program Statement 1330.13 "Administrative Remedy Procedures for Inmates", states that "before an inmate seeks formal review of a complaint he must try to resolve the complaint informally by presenting it to a staff member." The staff member must also try to resolve the complaint "informally" before the inmate will be given an Administrative Remedy Form.

INFORMAL RESOLUTION NUMBER: ADMA9

INMATE'S NAME: D. Bikel NO. # 19613-039 UNIT 6A

1. Specific Complaint: RETALIATION, DELIBERATIVELY INDIFFERENCE, EIGHTH AMENDMENT VIOLATION FOR FILING GRIEVANCE BY MS. BARNES, DOCTOR QUINN, AND THE EYE DOCTOR.

2. Relief Requested: IAAM HAVING EXCRUCIATING PAIN IN MY LEFTY EYE AND NEED MEDICAL TREATMENT FROM A ORBITAL SPECIALIST.

Date/Time Complaint received from inmate: 1/17/05 6pm

4. Date/Time Informally discussed with inmate: \_\_\_\_\_

5. Staff Response: You are scheduled for CT scan of face prior to seeing the specialist.

6. Date Administrative Remedy provided: 1/29/05

**COPY**

7. Informal Resolution was was not accomplished.

x Darouf Baker 19613-039  
Inmate's Signature/Register No.

1/29/05  
Date

Mohamed Azam  
Health Services Administrator  
STAFF MEMBER'S NAME & TITLE

1/27/05  
DATE

[Signature]  
UNIT MANAGER'S SIGNATURE

2-10-05  
DATE

**DISTRIBUTION:** If complaint is informally resolved before being receipted, Correctional Counselors shall maintain informal resolution form for future reference. If complaint is not informally resolved, forward original resolution form, attached to administrative remedy, to the Administrative Remedy Clerk.

replied to person  
J

ELK 1330.13  
April 08, 1997  
Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY  
INFORMAL RESOLUTION FORM  
FCI, ELKTON, OHIO

Bureau of Prisons Program Statement 1330.13 "Administrative Remedy Procedures for Inmates", states that "before an inmate seeks formal review of a complaint he must try to resolve the complaint informally by presenting it to a staff member." The staff member must also try to resolve the complaint "informally" before the inmate will be given an Administrative Remedy Form.

INFORMAL RESOLUTION NUMBER: ADM 009

INMATE'S NAME: D. Bikel NO. # 19613-039 UNIT 6A

1. Specific Complaint: RETALIATION, DELIBERATIVELY INDIFFERENCE, EIGHTH AMENDMENT VIOLATION FOR FILING GRIEVANCE BY MS. BARNES, DOCTOR QUINN, AND THE EYE DOCTOR.

2. Relief Requested: I AM HAVING EXCRUCIATING PAIN IN MY LEFTY EYE AND NEED MEDICAL TREATMENT FROM A ORBITAL SPECIALIST.

Date/Time Complaint received from inmate: 1/17/05 640pm

4. Date/Time Informally discussed with inmate: \_\_\_\_\_

5. Staff Response: You are scheduled for CT scan of face prior to seeing the specialist.

6. Date Administrative Remedy provided: 1/29/05

7. Informal Resolution was / was not accomplished.

x Darryl Baker 19613-039  
Inmate's Signature/Register No.

1/29/05  
Date

Mohamed Azam  
Health Services Administrator  
STAFF MEMBER'S NAME & TITLE

1/27/05  
DATE

[Signature] Acting UM  
UNIT MANAGER'S SIGNATURE

2-10-05  
DATE

**DISTRIBUTION:** If complaint is informally resolved before being receipted, Correctional Counselors shall maintain informal resolution form for future reference. If complaint is not informally resolved, forward original resolution form, attached to administrative remedy, to the Administrative Remedy Clerk.

COPY

7/21/05  
D. H. Hester

ELK 1330.13  
April 08, 1997  
Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY  
INFORMAL RESOLUTION FORM  
FCI, ELKTON, OHIO

Bureau of Prisons Program Statement 1330.13 "Administrative Remedy Procedures for Inmates" states that "before an inmate seeks formal review of a complaint he must try to resolve the complaint informally by presenting it to a staff member." The staff member must also try to resolve the complaint "informally" before the inmate will be given an Administrative Remedy Form.

INFORMAL RESOLUTION NUMBER: 414025 SUBMITTED: AUGUST 10, 2005

INMATES NAME: DARRYL ORRIN BAKER NO. # 19613-039 UNIT G-A

1. Specific Complaint: RETALIATION, DELIBERATIVELY INDIFFERENCE, EIGHTH AMENDMENT VIOLATION FOR FILING GRIEVANCE, MR. HOWARD, COUNSELOR, MS. SHASTEEN RECORDS

2. Relief Requested: NOT TO BE HARASSED BY F.S.I.L. STAFF.

Date/Time Complaint received from inmate: 8-10-05 0730

4. Date/Time Informally discussed with inmate: 8/25/05 3:30

5. Staff Response: I HAVE NEVER HARASSED INMATE BAKER OR ANY OTHER INMATE. I HAVE NOT HARASSED ANY INMATE. I HAVE BEEN OCEID EQUALLY INDIFFERENT. I HAVE BEEN OCEID EQUALLY INDIFFERENT. I HAVE BEEN OCEID EQUALLY INDIFFERENT. I HAVE BEEN OCEID EQUALLY INDIFFERENT.

6. Date Administrative Remedy provided: 8/25/05

7. Informal Resolution was not accomplished.

Inmate's Signature/Register No. Darryl Baker 19613039 8/25/05

7-21-05  
Mental  
R

EIK 1330.13  
April 08, 1997  
Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY  
INFORMAL RESOLUTION FORM  
FCI, ELKTON, OHIO

Bureau of Prisons Program Statement 1330.13 "Administrative Remedy Procedures for Inmates" states that "before an inmate seeks formal review of a complaint he must try to resolve the complaint informally by presenting it to a staff member." The staff member must also try to resolve the complaint "informally" before the inmate will be given an Administrative Remedy Form.

INFORMAL RESOLUTION NUMBER C111124 SUBMITTED AUGUST 10, 2005

INMATES NAME: DARRYL ORRIN BAKER NO. #19613-039 UNIT G-A

1. Specific Complaint RETRIBUTION, DELIBERATIVELY INDIFFERENCE, EIGHTH AMENDMENT VIOLATION FOR FILING GRIEVANCE BY MS. BARNES, DOCTOR QUINN, DOCTOR MOHIB SIDHOM, DOCTOR KELLER, MS. NESSUER, CASE MANAGER, MR. HOWARD, MR. MARILIK,  
2. Relief Requested: I AM HAVING EXCRUCIATING PAIN IN MY LEFT EYE AND NEED MEDICAL TREATMENT FORM A ORBITAL SPECIALIST.

Date/Time Complaint received from inmate: 8-10-05 0730

4. Date/Time Informally discussed with inmate: 8/23/05 338

5. Staff Response: THIS ISSUE HAS ALREADY BEEN ADDRESSED BY ADMIN. REMEDY 366343-A7 IN LATE MARCH OR EARLY APRIL 2005. THIS IS UNREMITTLY

6. Date Administrative Remedy provided: 8/22/05

7. Informal Resolution was / was not accomplished: was not accomplished

Inmate's Signature/Registrar No. Darryl Baker 4724

INMATES NAME  
INFORMAL RESOLUTION  
1. Specific Complaint  
2. Relief Requested  
Date/Time  
4. Date/Time  
5. Staff Response  
6. Date Administrative Remedy provided  
7. Informal Resolution was / was not accomplished  
STAFF  
UNIT

EXTENSION OF TIME FOR RESPONSE - ADMINISTRATIVE REMEDY

DATE: MARCH 25, 2005

FROM: ADMINISTRATIVE REMEDY COORDINATOR  
ELKTON FCI

TO : DARRYL ORRIN BAKER, 19613-039  
ELKTON FCI      UNT: UNIT G-A      QTR: G01-011U

ADDITIONAL TIME IS NEEDED TO RESPOND TO THE ADMINISTRATIVE REMEDY REQUEST IDENTIFIED BELOW. WE ARE EXTENDING THE TIME FOR RESPONSE AS PROVIDED FOR IN THE ADMINISTRATIVE REMEDY PROGRAM STATEMENT.

REMEDY ID : 366343-F7  
DATE RECEIVED : MARCH 3, 2005  
RESPONSE DUE : APRIL 12, 2005  
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO  
SUBJECT 2 : OTHER COMPLAINT AGAINST STAFF  
INCIDENT RPT NO:

RECEIPT - ADMINISTRATIVE REMEDY

DATE: MARCH 3, 2005

FROM: ADMINISTRATIVE REMEDY COORDINATOR  
ELKTON FCI

TO : DARRYL ORRIN BAKER, 19613-039  
ELKTON FCI      UNT: UNIT G-A      QTR: G01-011U

THIS ACKNOWLEDGES THE RECEIPT OF THE ADMINISTRATIVE REMEDY REQUEST  
IDENTIFIED BELOW:

REMEDY ID : 366343-F7  
DATE RECEIVED : MARCH 3, 2005  
RESPONSE DUE : MARCH 23, 2005  
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO  
SUBJECT 2 : OTHER COMPLAINT AGAINST STAFF  
INCIDENT RPT NO:

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: FEBRUARY 22, 2005

*A. Fusi*  
FROM: ADMINISTRATIVE REMEDY COORDINATOR  
ELKTON FCI

*BO*  
TO : DARRYL ORRIN BAKER, 19613-039  
ELKTON FCI UNT: UNIT G-A QTR: G01-011U  
P.O. BOX 89  
ELKTON, OH 44415

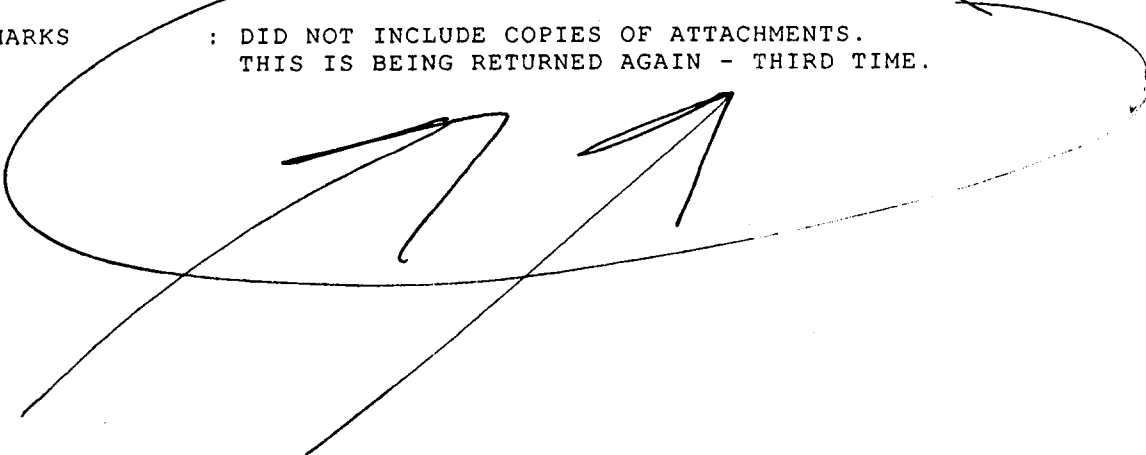
FOR THE REASONS LISTED BELOW, THIS ADMINISTRATIVE REMEDY REQUEST IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 366343-F4 ADMINISTRATIVE REMEDY REQUEST  
DATE RECEIVED : FEBRUARY 22, 2005  
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO  
SUBJECT 2 : OTHER COMPLAINT AGAINST STAFF  
INCIDENT RPT NO:

REJECT REASON 1: YOU DID NOT PROVIDE A COPY OF THE ATTACHMENTS TO YOUR INSTITUTION ADMINISTRATIVE REMEDY REQUEST (BP-9).

REJECT REASON 2: YOU MAY ~~RESUBMIT YOUR REQUEST~~ IN PROPER FORM WITHIN 5 DAYS OF THE DATE OF THIS REJECTION NOTICE.

REMARKS : DID NOT INCLUDE COPIES OF ATTACHMENTS.  
THIS IS BEING RETURNED AGAIN - THIRD TIME.





(EXHIBIT 5)



13-110

NSN 7540-00-634-4127

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: OPTOMETRIST FROM: (Requesting physician or activity) Dennis Olson, MD, CD DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

EYE EXAM :

SUBJECTIVE :

been at for and seen  
assaulted  
Feb 27/02  
age 41

PROVISIONAL DIAGNOSIS

Intin left eye socket

DOCTOR'S SIGNATURE

D. OLSON, M.D.

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☐ ON CALL

☐ ROUTINE

☐ TODAY

☐ 72 HOURS

☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO

PATIENT EXAMINED ☒ YES ☐ NO

Visual Acuity Distance OD 20/200 OS 20/200  
Near OD .37m OS .37m  
TONOMETRY: OD 17  
OS 18  
uncovered folds  
0950

External Normal 72/64 open angles white to  
Internal examine retina

Refraction OD -1.00 -1.25 X 180 20/20  
OS -1.00 -1.25 X 10 20/20  
54 X 24 X 6 1/4  
Soreness

Diagnosis CMA

Analysis requires eye glasses

Plan order eye glasses

(Continue on reverse side)

SIGNATURE AND TITLE

Charles J. Horvath

IDENTIFICATION NO.

ORGANIZATION

FCI McKean

REGISTER NO.

19613-039

DATE

3/31/04

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Baker, David

REVIEWED BY

3/31/04  
ordered

H. BEAM AND  
FCI MCKEAN

CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 8-92)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

Refer to optometrist

513-110

NSN 7540-00-634-4127

MEDICAL RECORD	CONSULTATION SHEET
----------------	--------------------

REQUEST		
TO: OPTOMETRIST	FROM: (Requesting physician or activity) Dennis Olson, MD, CD	DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

EYE EXAM :

SUBJECTIVE :

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE  D. OLSON, M.D.	APPROVED	PLACE OF CONSULTATION  <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMERGENCY
--	----------	--	---

CONSULTATION REPORT

RECORD REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	PATIENT EXAMINED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

Visual Acuity Distance OD OS TONOMETRY: OD OS  
Near OD OS

External  
Internal  
Refraction

Compared prescription obtained on 3/31/04  
to Dr Stathopoulos - Vision is 20/20  
with each correction. - essentially  
equal

Diagnosis

Analysis

No change required

Plan

(Continue on reverse side)

SIGNATURE AND TITLE  <i>Christina J. Hovatter</i>			DATE 4/28/04
IDENTIFICATION NO. 4/28/04	ORGANIZATION FCI McKean	REGISTER NO. 19613-039	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Dennis Olson, MD  
Physician

*Baker, Darryl*

CONSULTATION SHEET  
Medical Record

## MEDICAL RECORD

## CONSULTATION SHEET

## REQUEST

TO: OPTOMETRIST FROM: (Requesting physician or activity) Dennis Olson, MD, CD DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

EYE EXAM :

SUBJECTIVE :

Did not appear for scheduled appointment  
went to Dr on outside trip today

## PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

D. OLSON, M.D.

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE☐ ON CALL☐ ROUTINE☐ TODAY☐ 72 HOURS☐ EMERGENCY

## CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☒ YES ☐ NO

Visual Acuity Distance OD OS  
Near OD OS

TONOMETRY: OD OS

External  
Internal  
Refraction

On tonight to see ophthalmologist  
today

Diagnosis  
Analysis

6/9/04

D. Olson, MD  
Clinical Director

Plan

(Continue on reverse side)

SIGNATURE AND TITLE

Christian J. Haranto

DATE

6/9/04

IDENTIFICATION NO.

ORGANIZATION

FCI McKean

REGISTER NO.

19613

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

BAKER

CONSULTATION SHEET

Medical Record

## SENECA EYE SURGEONS

Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

May 3, 2004

Dr. Nicholas Stathopoulos  
Seneca Eye Surgeons, Inc.  
2 Main Street  
Bradford, PA 16701

RE: BAKER, DARRYL O.

#

19613-039

Dear Dr. Stathopoulos:

I saw Mr. Baker, your 41 year old who was struck in his left eye approximately two months ago. He is complaining at this point in time that his acuity although it has returned to normal he does get a feeling of double when he looks to the right. He also has a sensation of a foreign body in it.

On examination at this time, his acuity is 20/20 OU. There is definitely no proptosis and there is no enophthalmos. He does get diplopia. It is worse especially when he looks to the right and upwards. He does not get this looking straight ahead or down. So, he is really quite functional. I watched him walk around and he does not have to close the eye to walk.

He had a small calcium deposit in his meibomian gland in his lower lid. I removed it with tweezers. On examination of the retina he has no evidence of papilledema or compromise of any of the other structures.

I went over the CT scan. That is a very pretty picture of a floor fracture. At this point in time in the absence of diplopia in a straight ahead gaze, I still think that six more weeks of time is the answer. If at three months he definitely still has diplopia and it is causing him some serious problems it should be repaired. He still may completely clear. Fortunately despite the nastiness of this injury he sustained no obvious damage to his human lens, the anterior chamber angle or the retina.

Yours truly,

*Robert J. Weiss MD*  
Robert J. Weiss, M.D.

Reviewed by D. Olson, MD  
Date: 5/5/04

**COPY**

Cc: Dr. Beam

RJW/lab  
103 West St. Clair Street  
Warren, PA 16365  
(814)726-2020  
1-877-MD4-EYES  
Fax (814)726-1215

27 Porter Avenue  
Jamestown, NY 14701  
(716)483-2020  
1-866-716-EYES  
Fax (716)488-9295

2 Main Street  
Bradford, PA 16701  
(814)362-7477  
1-866-814-EYES  
Fax (814)362-4975

# SENECA SURGEONS

Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

June 11, 2004

# 19613-039

Dennis Olson, M.D.  
FCI McKean  
P.O. Box 5000  
Bradford, PA 16701

RE: BAKER, DARRYL

Dear Dr. Olson:

As you know we have been following Mr. Baker's clinical diplopia related to a punch that gave him a blow out fracture. He also has a little bit of anesthesia involving the infraorbital nerve branches. We have given it plenty of time now, almost five months. He still has entrapment; he can not look up with his left eye without experiencing a form of diplopia that gives him extreme imbalance. He does not think that he can function this way.

His acuity is 20/20 in both eyes when he wears his glasses. My advice at this point is to do a repair of blowout fracture, release the entrapment under general anesthesia. I will leave the final decision up to you.

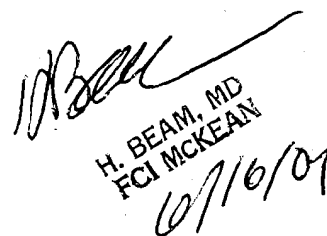
Yours truly,



Robert J. Weiss, M.D.

p.s. The patient understand that one of the side effects of doing the operation when he does not have diplopia in down gaze, only up gaze, would be that he might develop diplopia in down gaze. There is no way that I can promise him that that couldn't happen.

RJW/lab



H. BEAM, MD  
FCI MCKEAN  
6/16/04

103 West St. Clair Street  
Warren, PA 16365  
(814)726-2020  
1-877-MD4-EYES  
Fax (814)726-1215

27 Porter Avenue  
Jamestown, NY 14701  
(716)483-2020  
1-866-716-EYES  
Fax (716)488-9295

2 Main Street  
Bradford, PA 16701  
(814)362-7477  
1-866-814-EYES  
Fax (814)362-4975

# SENECA EYE SURGEONS

Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

April 16, 2004

#19613-039

Dr. H. Beam  
Health Center  
FCI McKean  
PO Box 5000  
Bradford, PA 16701

Re: Darryl O. Baker  
DOB: 6/30/1962  
DX: Orbital Floor Fracture w/Entrapment  
DATE OF EVAL: 4/15/04

Mr. Baker was seen April 15<sup>th</sup>. He had been struck in the left eye February 27<sup>th</sup> with a fist. He was complaining of blurred vision in both eyes. He does note that he gets double vision when he looks up. This is especially noticeable when he is weight lifting and doing, I believe, bent over rows and is looking straight ahead with his head tilted down.

His vision was 20/100 in the right eye and 20/200 on the left. This was easily correctable to 20/20 in either eye with an eyeglass prescription. The eyes were well aligned straight ahead. However, with up gaze the left eye did not elevate or look as far up as the right eye. I did not see any signs that the left eye was protruding further out or recessed into the eye more so than the right. The retina was normal.

The reports of the CT did suggest that there was some scarring of the floor of the orbit with possible adhesions to the inferior rectus muscle. Typically, in ophthalmology even with a fracture of the orbital floor, we like to wait at least two weeks to see that it heals on its own and the muscle entrapment is resolved. He is about six to eight weeks out and complaining of symptoms. Because he is well aligned at near, I think it would be better to take a conservative approach as the scarring is adherent to the muscle. However, it may be worthwhile to get a secondary opinion from an orbital plastic specialist who deals with these on a regular basis.

Thank you for allowing me to participate in Darryl's care. If you do not pursue an orbital evaluation, have him see me again in another three months.

Best regards,

*N. Stathopoulos, MD*

Nicholas A. Stathopoulos, M.D.

NAS/js

Cc Darryl C. Baker

REVIEWED BY

*Beam*  
4/21/04

H. BEAM, MD  
FCI MCKEAN

103 West St. Clair Street  
Warren, PA 16365  
(814)726-2020  
1-877-MD4-EYES  
Fax (814)726-1215

27 Porter Avenue  
Jamestown, NY 14701  
(716)483-2020  
1-866-716-EYES  
Fax (716)488-9295

2 Main Street  
Bradford, PA 16701  
(814)362-7477  
1-866-814-EYES  
Fax (814)362-4975

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <b>MEDICAL DEPARTMENT</b>	DATE: <b>MAY 10, 2004.</b>
FROM: <b>INMATE DARRYL BAKER</b>	REGISTER NO.: <b># 19613-039</b>
WORK ASSIGNMENT: <b>ORDERLY</b>	UNIT: <b>AA</b>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

**MAY I PLEASE HAVE A COPY OF THE LETTER AND REPORT FROM THE ORBITAL**

**SPECIALIST THATS DATED MAY 3, 2004.**

**THANK YOU!**

(Do not write below this line)

DISPOSITION:

*See attached*

*FCI McKear*

Signature Staff Member <i>[Signature]</i>	Date <i>5/10/04</i>
--	------------------------

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



(EXHIBIT 6)





# FEDERAL BUREAU OF PRISONS m e m o r a n d u m

FCI McKean, Pennsylvania

DATE: March 23, 2004  
REPLY TO: *J. F. Sherman*  
ATTN. OF: James F. Sherman, Warden

SUBJECT: INMATE REQUEST TO STAFF MEMBER

TO: BAKER, Darryl  
Reg. No. 19613-03 )

This is in response to your letter receipted in my office on March 12, 2004, in which you state that you suffered an eye injury on February 29, 2004 and have not received medical treatment for it.

Records indicate you were medically assessed immediately following the injury. You were instructed to follow up with sick call as needed following that assessment. A sick call slip was never received by health services from you; however, on March 9, 2004, at the request of the Associate Warden, a PA stopped by to examine you. You became verbally abusive and belligerent with the PA. You were given an order to stop your abusive behavior which you refused to do. The PA was not able to conduct an exam at that time due to your behavior. You were instructed of the proper way to sign up for sick call at that time. A sick call request was received from you on March 9, 2004, and you were seen by a doctor on March 11, 2004. The exam revealed a left eyelid abrasion only. No other injuries were found concerning your left eye.

I trust your concerns have been addressed.

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER, DARRYL	REGISTER NO.: 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: AA SHU AA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, THIS IS A SICK CALL REQUEST IN REFERENCE TO A INJURY FROM AN  
ASSULT I RECEIVED TO MY EYE ON FEBRUARY 27, 2004. DOCTOR BEAM, MY EYE HAS  
NOT FULLY RECOVERED AND I NEED MEDICAL ATTENTION. DOCTOR BEAM, WOULD YOU  
PLEASE SET AN APPOINTMENT WHERE I CAN COME IN AND HAVE MY EYE EXAMINE.

THANK YOU.

(Do not write below this line)

## DISPOSITION:

You were seen by Dr Howard 3/3/04  
I will have you called on 4/1/04  
for discussion of what needs  
to be done

Signature Staff Member

Date

Second Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER <i>DARRYL</i>	REGISTER NO.: 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: <i>AA SHG AA</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I HAVE BEEN REQUESTING MEDICAL ATTENTION TO BLEEDING

AND PAIN TO THE SURFACE OF MY HEAD AND YOU GAVE ME MEDICATION THAT IS

INEFFECTIVE. DOCTOR BEAM, I NEED SOME MEDICATION TO ALLIVIAE THIS PAIN

I HAVE BEEN SUFFERING.

THANK YOU.

(Do not write below this line)

DISPOSITION:

*I refilled the medication*

Signature Staff Member

Date

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <b>DOCTOR BEAM., M.D.</b>	DATE: <b>APRIL 28, 2004</b>
FROM: <b>INMATE BAKER</b>	REGISTER NO.: <b># 19613-039</b>
WORK ASSIGNMENT: <b>ORDERLY</b>	UNIT: <b>AA</b>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I HAD A CALL-OUT ON APRIL 28, 2004, AND MEDICAL STAFF SAID YOU CALLED IN SICK. DOCTOR BEAM, I WAS THE RECIPIENT OF DOCTOR STATHOPOULOS, M.D. MEDICAL REPORT WHEN I SAW HIM ON APRIL 15, 2004, AND HE INDICATED THAT I HAD SOME SCARRING OF THE FLOOR OF THE ORBIT WITH POSSIBLE ADHESIONS TO THE INFERIOR RECTUS MUSCLE. HE STATED THAT OPHTHALMOLOGIST LIKE TO WAIT TWO (2) WEEKS TO SEE IF IT WOULD HEAL ON ITS OWN OR SEE IF THE MUSCLE ENTRAPMENT IS RESOLVED. HE ALSO STATED THAT I WAS SIX (6) TO EIGHT (8) WEEKS OUT AND THAT I SHOULD GET A SECOND OPINION FROM AN ORBITAL PLASTIC SPECIALIST. DOCTOR BEAM I AM STILL HAVING EXCRUCIATING PAIN IN MY UPPER LEFT EYE AND I STILL SEE DOUBLE WHEN I LOOK UP, AND MY LEFT EYE DOES ELEVATE OR LOOK AS FAR UP AS THE RIGHT EYE.

(Do not write below this line)

## DISPOSITION:

The Apr 28 appt was to keep you abreast of developments. We're on top of things. You will get the care you need.

Signature Staff Member <i>[Signature]</i> D. BEAM, MD CI MCKEAN	Date <b>4/29/04</b>
--	------------------------

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



BP-S148.055 INMATE REQUE TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <b>DOCTOR BEAM., M.D.</b>	DATE: <b>APRIL 22, 2004</b>
FROM: <b>DARRYL ORRIN BAKER</b> INMATE:	REGISTER NO.: <b>#19613-039</b>
WORK ASSIGNMENT: <b>ORDERLY</b>	UNIT: <b>AA</b>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

**DOCTOR BEAM, I CONFABULATED WITH YOU ON SEVERAL OCCASIONS AND REQUESTED**

**A COPY OF MEDICAL REPORT FROM THE OUTSIDE SURGION WHEN I WENT TO SEE HIM ON APRIL 15, 2004.**

**DOCTOR BEAM, MAY I HAVE A COPY OF THIS REPORT SO I CAN SEE HIS DIAGNOSIS THAT WHERE SUSTAINED TO MY LEFT EYE ON FEBRUARY 27, 2004.**

**THANK YOU VERY MUCH!**

*Don Statopoulos*

(Do not write below this line)

DISPOSITION:

*I'll see what I can do*

Signature Staff Member

Date

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



Printed on Recycled Paper

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <b>DOCTOR BEAM., M.D.</b>	DATE: <b>MAY 3, 2004</b>
FROM: <b>INMATE DARRYL BAKER</b>	REGISTER NO.: <b># 19613-039</b>
WORK ASSIGNMENT: <b>ORDERLY</b>	UNIT: <b>AA</b>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

**DOCTOR BEAM, I WAS TAKEN TO SEE AN ORBITAL SPECIALIST ON APRIL 30, 2004.**

**DOCTOR BEAM, I WOULD LIKE TO HAVE A COPY OF THE ORBITAL SPECIALIST LETTER  
AND REPORT THAT EXPLAINS MY INJURY OR HIS ANALYSIS TO MY LEFT EYE.**

**THANK YOU!**

(Do not write below this line)

DISPOSITION:

*I will forward this request  
to medical records*

Signature Staff Member

*[Signature]*

H. BEAM, MD  
FCI MCKEAN

Date

*5/5/04*

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



MCKB1 \* MCKEAN FCI \* 03-30-2004  
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 UNTG EQ \*\*\*  

REG NO	NAME	FROM	TO	TIME	CATEGORY(2)	CATEGORY(3)
CALLOUTS	FOR	03-31-2004			QTR ASGN	WRK ASGN
39971-054	ABOU-ARRAG		EDU AGRICO	0830	C01-124U	ORD C A
			HOSP PPD	0830	C01-124U	ORD C A
42080-054	ABREU		HOSP PPD	0830	B03-119U	RELIGION
34329-079	AJAO		HOS LAB	0600	A01-109L	I LAYUP 1
			MAIL ROOM	1130	A01-109L	I LAYUP 1
42968-060	ALCALA		CHAPEL	1230	A02-209L	ORD A A
17709-112	ALFARO-FRA		CHAPEL	0930	B02-215L	TRASH
69042-053	ALJAHMI		CAMP TEAM	1400	E04-117U	CMP PP EVE
06523-043	ALLEN		HOSP PPD	0930	D04-221L	DIN RM PM
40428-053	ALLEN		HOS PE	0830	C01-104L	I LAYUP 2
25094-077	AMOIA		HOSP PPD	0830	C02-219U	CMS ELEC1
51080-066	ANDREWS		VISIT ROOM	1030	F03-106L	CMP ORD F
15231-045	ARMANN		DR. BEAM	0930	C02-203L	EDUC
06701-046	ASTORE		DR. BEAM	1230	B02-208L	I MILL 1
			HOS EYE	0830	B02-208L	I MILL 1
20926-424	BAILEY		VISIT ROOM	1030	E03-110U	CMP GM3
						DAPAMEM
19613-039	BAKER		HOS EYE	0830	A01-132U	ORD A A
25589-053	BALLETTA		HOSP RN	1230	B02-222L	I QA IND
05890-068	BARRON		BA TEAM	1250	B02-241L	A&O
			CHAPEL	0930	B02-241L	A&O
10306-067	BASYE		CHAPEL	0930	C04-227L	LAUNDRY
37139-060	BATTLE		CHAPEL	0930	A01-104U	ORD A A
10214-052	BEECHAM		CB TEAM	1230	C03-131L	A&O
			HOS LAB	0730	C03-131L	A&O
09866-040	BELCHER		HOSP PPD	0930	A01-110U	CMS ELEC1
11483-040	BETTS		VISIT ROOM	1030	F03-113U	CMP FD SVC
03198-087	BLACKBURN		VISIT ROOM	1030	E02-101U	CMP ADMIN
						DAPAMEM
10174-052	BLACKWOOD		BB TEAM	1230	B04-226U	ORD B B
41715-060	BLALARK		CHAPEL	1230	A03-123L	I QA IND
10417-055	BOOZE		CHAPEL	0930	D03-105L	CMS ELEC2
10082-041	BORGES-CAN		HOS LAB	0600	B02-201U	CMS PAINT
12629-007	BOWEN		CHAPEL	0930	D04-231U	CMSLANDIN2
43113-060	BOYD		CHAPEL	1230	B04-236L	EDUC
32583-007	BRAGG		HOS PE	0930	A04-238L	A&O

G0002 MORE PAGES TO FOLLOW . . .

MCKB1 \* MCKEAN FCI \* 03-30-2004  
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 UNTG EQ \*\*\*  

REG NO	NAME	FROM	TO	TIME	CATEGORY(2)	CATEGORY(3)
CALLOUTS	FOR	03-31-2004			QTR ASGN	WRK ASGN
39971-054	ABOU-ARRAG		EDU AGRICO	0830	C01-124U	ORD C A
			HOSP PPD	0830	C01-124U	ORD C A
42080-054	ABREU		HOSP PPD	0830	B03-119U	RELIGION
34329-079	AJAO		HOS LAB	0600	A01-109L	I LAYUP 1
			MAIL ROOM	1130	A01-109L	I LAYUP 1
42968-060	ALCALA		CHAPEL	1230	A02-209L	ORD A A
17709-112	ALFARO-FRA		CHAPEL	0930	B02-215L	TRASH
69042-053	ALJAHMI		CAMP TEAM	1400	E04-117U	CMP PP EVE
06523-043	ALLEN		HOSP PPD	0930	D04-221L	DIN RM PM
40428-053	ALLEN		HOS PE	0830	C01-104L	I LAYUP 2
25094-077	AMOIA		HOSP PPD	0830	C02-219U	CMS ELEC1
51080-066	ANDREWS		VISIT ROOM	1030	F03-106L	CMP ORD F
15231-045	ARMANN		DR. BEAM	0930	C02-203L	EDUC
06701-046	ASTORE		DR. BEAM	1230	B02-208L	I MILL 1
			HOS EYE	0830	B02-208L	I MILL 1
20926-424	BAILEY		VISIT ROOM	1030	E03-110U	CMP GM3
						DAPAMEM
19613-039	BAKER		HOS EYE	0830	A01-132U	ORD A A
25589-053	BALLETTA		HOSP RN	1230	B02-222L	I QA IND
05890-068	BARRON		BA TEAM	1250	B02-241L	A&O
			CHAPEL	0930	B02-241L	A&O
10306-067	BASYE		CHAPEL	0930	C04-227L	LAUNDRY
37139-060	BATTLE		CHAPEL	0930	A01-104U	ORD A A
10214-052	BEECHAM		CB TEAM	1230	C03-131L	A&O
			HOS LAB	0730	C03-131L	A&O
09866-040	BELCHER		HOSP PPD	0930	A01-110U	CMS ELEC1
11483-040	BETTS		VISIT ROOM	1030	F03-113U	CMP FD SVC
03198-087	BLACKBURN		VISIT ROOM	1030	E02-101U	CMP ADMIN
						DAPAMEM
10174-052	BLACKWOOD		BB TEAM	1230	B04-226U	ORD B B
41715-060	BLALARK		CHAPEL	1230	A03-123L	I QA IND
10417-055	BOOZE		CHAPEL	0930	D03-105L	CMS ELEC2
10082-041	BORGES-CAN		HOS LAB	0600	B02-201U	CMS PAINT
12629-007	BOWEN		CHAPEL	0930	D04-231U	CMSLANDIN2
43113-060	BOYD		CHAPEL	1230	B04-236L	EDUC
32583-007	BRAGG		HOS PE	0930	A04-238L	A&O

G0002 MORE PAGES TO FOLLOW . . .



MCK15  
PAGE 001

MCKEAN FCI

04-28-2004  
14:20:01

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UNTG EQ 3\*\*\*

REG NO	NAME	FROM	TO	TIME	CATEGORY(2)	CATEGORY(3)
CALLOUTS	FOR 04-29-2004				QTR ASGN	WRK ASGN
03391-061	ADDISON		AA CASE MG	1100	A02-219U	REC
06772-089	AGUILERA-T		AA TEAM	1230	A02-243U	UNASSG
54315-066	AIKENS		AB COUNSLR	1430	A04-204U	WIND WASH
03251-087	ALEXANDER		CHAPEL	1330	D04-232U	REC
07839-007	ATKINSON		HOS PE	0930	A01-131U	A&O
19613-039	BAKER		EDU NICHOL	0830	A01-115L	ORD A A
05890-068	BARRON		HOS LAB	0930	B02-241L	REC
08047-055	BENZIN		DB CASE MG	0700	D04-236L	KITCHEN PM
41715-060	BLALARK		DR. BEAM	0930	A03-123L	I QA IND
			HOSP RN	0930	A03-123L	I QA IND
38181-060	BLANCO		DR. OLSON	0930	C03-126U	ORD C B
21534-039	BROWN		CHAPEL	1330	C03-118LH	RELIGION
33911-007	BROWN		HOS PE	0730	C03-130U	A&O
98316-024	BURROWS		DR. BEAM	0930	C04-231L	I UNICOR 2
						ORD C B
11419-112	BUSTAMANTE		AA TEAM	1230	A02-238U	A&O
			HOS PE	0930	A02-238U	A&O
			PSYCH (H)	0830	A02-238U	A&O
06437-088	BUTLER		HOSP DENT2	0830	B02-209L	ORD B A
57044-066	CERAOLO		DR. BEAM	0930	C01-133U	UNASSG
38688-054	CHEN		DENT CLEAN	1230	A02-210L	I UNICOR 2
09352-067	CLARK		EDU NICHOL	0830	A04-203L	ORD A B
04938-089	COLLINS		DR. BEAM	0930	A02-213L	I LAYUP 1
08693-055	COSTANZO		HOS PE	1030	C01-129U	UNASSG
15278-014	COSTON		HOS PE	1030	C02-236U	A&O
24717-016	COULTER		HOS PE	0730	A01-101U	A&O
12365-007	CRUZ		AA TEAM	1230	A01-121L	UNASSG
11324-045	CURRY		DENT CLEAN	1130	B01-125U	I UNICOR 2
19575-083	CURTIS		HOS PE	0730	D01-122L	A&O
40427-053	DAVIS		DENT CLEAN	1030	C01-106L	I FACTRYOF
53250-060	DAVIS		HOS PE	0930	D03-131U	A&O
19989-039	EADDY		CHAPEL	1330	B02-218L	ORD B A
11252-040	ESCOBAR II		EDU NICHOL	0830	D01-121U	REC
03737-089	EVANS		AA CASE MG	1100	A01-113L	ORD A A
14114-006	FAULKNER		BB COUNSLR	1330	B02-226L	I QA IND
23182-039	FEATHERSTO		CHAPEL	1330	B02-237U	DIN RM PM

G0002 MORE PAGES TO FOLLOW . . .

MCK15 \* MCKEAN FCI \* 06-03-2004  
 PAGE 001 14:01:15  
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 UNTG EQ 3\*\*\*  
 REG NO NAME FROM TO TIME CATEGORY (2) CATEGORY (3)  
 CALLOUTS FOR 06-04-2004 QTR ASGN WRK ASGN  
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 38964-060 ADKINS PSYCH (W) 1330 C04-241U A&O  
 03722-082 AGUIAR HOSP DENT2 1030 B01-102U REC  
 12393-424 AL-SADUN JUMAH 1230 B03-118LH DIN RM PM  
 03251-087 ALEXANDER CHAPEL 1230 D04-232U REC  
 06862-068 ALLEN MAIL ROOM 1115 A01-121L ORD A A  
 09798-039 ALLEN CHAPEL 1830 C01-125L I LAYUP 2  
 58207-053 ALLEN R & D 0930 B02-245L ORD B A  
 24949-038 AQUINO HOS PE 1030 B04-907U A&O  
 39107-060 ARRINGTON PSYCH 1430 A04-245L CMS CARPSH  
 44161-054 BAERGA DR. OLSON 0930 D02-206L CARP VT  
 I LAYUP 2  
 30377-019 BAILEY HOSP PA 0730 B02-216U MED UNASSG  
 19613-039 BAKER DR. BEAM 1330 A01-115L ORD A A  
 28131-039 BAKER PSYCH 1430 Z03-204UAD UN UNASSG  
 04832-045 BLACKMAN DR. BEAM 1130 A04-230U REL  
 11622-052 BLAKELY R & D 0700 D02-237U DIN RM PM  
 33691-007 BLOUNT JUMAH 1230 D03-126U EDUC  
 41002-054 BONILJA PSYCH (H) 0930 D04-244L A&O  
 07592-068 BOOKER PSYCH (H) 0830 A04-246U A&O  
 07039-030 BOOS DR. BEAM 1130 D01-111U ORD D A  
 10417-055 BOOZE JUMAH 1230 D03-105L CMS ELEC2  
 19257-039 BREEDLOVE JUMAH 1230 C02-242L UNASSG  
 16735-039 BROWN CHAPEL 1730 A03-123U I UNICOR 2  
 21534-039 BROWN CHAPEL 1230 C03-118LH WIND WASH  
 35272-060 BROWN JUMAH 1230 D02-224L ORD D A  
 08760-084 BUCHANAN JUMAH 1230 B04-222L ORD BB (PM)  
 30057-039 BURCH JUMAH 1230 B01-105U EDUC  
 10813-068 CARAVAGLIA JUMAH 1230 C01-116U CMS ELEC2  
 17760-056 CARRINGTON HOSP DENT2 0730 Z07-211LAD SHU UNASSG  
 54265-060 CARTER PSYCH (W) 1330 C04-240U A&O  
 59929-198 CASTRO-GAR HOSP DENT 0830 C03-114U ORD C B  
 04201-087 CHAVERS JUMAH 1230 A02-236L DIN RM PM  
 07928-078 CHERRY PSYCH 1430 A04-248L ORD A B  
 09352-067 CLARK JUMAH 1230 A04-203L ORD A B  
 14405-424 CLARK JUMAH 1230 A02-223U ORD A A  
 11130-067 COACH JUMAH 1230 C04-203U REC

G0002 MORE PAGES TO FOLLOW . . .

(EXHIBIT 7)

## SENECA EYE SURGEONS

Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

May 3, 2004

Dr. Nicholas Stathopoulos  
Seneca Eye Surgeons, Inc.  
2 Main Street  
Bradford, PA 16701

RE: BAKER, DARRYL O.

# 19613-039

Dear Dr. Stathopoulos:

I saw Mr. Baker, your 41 year old who was struck in his left eye approximately two months ago. He is complaining at this point in time that his acuity although it has returned to normal he does get a feeling of double when he looks to the right. He also has a sensation of a foreign body in it.

On examination at this time, his acuity is 20/20 OU. There is definitely no proptosis and there is no enophthalmos. He does get diplopia. It is worse especially when he looks to the right and upwards. He does not get this looking straight ahead or down. So, he is really quite functional. I watched him walk around and he does not have to close the eye to walk.

He had a small calcium deposit in his meibomian gland in his lower lid. I removed it with tweezers. On examination of the retina he has no evidence of papilledema or compromise of any of the other structures.

I went over the CT scan. That is a very pretty picture of a floor fracture. At this point in time in the absence of diplopia in a straight ahead gaze, I still think that six more weeks of time is the answer. If at three months he definitely still has diplopia and it is causing him some serious problems it should be repaired. He still may completely clear. Fortunately despite the nastiness of this injury he sustained no obvious damage to his human lens, the anterior chamber angle or the retina.

Yours truly,

*Robert J. Weiss MD*  
Robert J. Weiss, M.D.

Reviewed by D. Olson, MD  
Date: 5/5/04

**COPY**

Cc: Dr. Beam

RJW/lab  
103 West St. Clair Street  
Warren, PA 16365  
(814)726-2020  
1-877-MD4-EYES  
Fax (814)726-1215

27 Porter Avenue  
Jamestown, NY 14701  
(716)483-2020  
1-866-716-EYES  
Fax (716)488-9295

2 Main Street  
Bradford, PA 16701  
(814)362-7477  
1-866-814-EYES  
Fax (814)362-4975

[www.senecaeye.com](http://www.senecaeye.com)

# SENECA EYE SURGEONS

Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

June 11, 2004

# 19613-039

Dennis Olson, M.D.  
FCI McKean  
P.O. Box 5000  
Bradford, PA 16701

RE: BAKER, DARRYL

Dear Dr. Olson:

As you know we have been following Mr. Baker's clinical diplopia related to a punch that gave him a blow out fracture. He also has a little bit of anesthesia involving the infraorbital nerve branches. We have given it plenty of time now, almost five months. He still has entrapment; he can not look up with his left eye without experiencing a form of diplopia that gives him extreme imbalance. He does not think that he can function this way.

His acuity is 20/20 in both eyes when he wears his glasses. My advice at this point is to do a repair of blowout fracture, release the entrapment under general anesthesia. I will leave the final decision up to you.

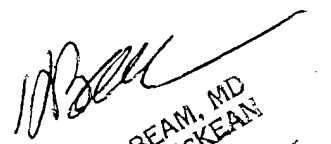
Yours truly,



Robert J. Weiss, M.D.

p.s. The patient understand that one of the side effects of doing the operation when he does not have diplopia in down gaze, only up gaze, would be that he might develop diplopia in down gaze. There is no way that I can promise him that that couldn't happen.

RJW/lab



H. BEAM, MD  
FCI MCKEAN  
6/16/04

103 West St. Clair Street  
Warren, PA 16365  
(814)726-2020  
1-877-MD4-EYES  
Fax (814)726-1215

27 Porter Avenue  
Jamestown, NY 14701  
(716)483-2020  
1-866-716-EYES  
Fax (716)488-9295

2 Main Street  
Bradford, PA 16701  
(814)362-7477  
1-866-814-EYES  
Fax (814)362-4975

# SENECA EYE SURGEONS

Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

April 16, 2004

#19613-039

Dr. H. Beam  
Health Center  
FCI McKean  
PO Box 5000  
Bradford, PA 16701

Re: Darryl O. Baker  
DOB: 6/30/1962  
DX: Orbital Floor Fracture w/Entrapment  
DATE OF EVAL: 4/15/04

Mr. Baker was seen April 15<sup>th</sup>. He had been struck in the left eye February 27<sup>th</sup> with a fist. He was complaining of blurred vision in both eyes. He does note that he gets double vision when he looks up. This is especially noticeable when he is weight lifting and doing, I believe, bent over rows and is looking straight ahead with his head tilted down.

His vision was 20/100 in the right eye and 20/200 on the left. This was easily correctable to 20/20 in either eye with an eyeglass prescription. The eyes were well aligned straight ahead. However, with up gaze the left eye did not elevate or look as far up as the right eye. I did not see any signs that the left eye was protruding further out or recessed into the eye more so than the right. The retina was normal.

The reports of the CT did suggest that there was some scarring of the floor of the orbit with possible adhesions to the inferior rectus muscle. Typically, in ophthalmology even with a fracture of the orbital floor, we like to wait at least two weeks to see that it heals on its own and the muscle entrapment is resolved. He is about six to eight weeks out and complaining of symptoms. Because he is well aligned at near, I think it would be better to take a conservative approach as the scarring is adherent to the muscle. However, it may be worthwhile to get a secondary opinion from an orbital plastic specialist who deals with these on a regular basis.

Thank you for allowing me to participate in Darryl's care. If you do not pursue an orbital evaluation, have him see me again in another three months.

Best regards,

*N. Stathopoulos, MD*

Nicholas A. Stathopoulos, M.D.

NAS/js

Cc Darryl C. Baker

REVIEWED BY

*Beam*  
4/21/04

H. BEAM, MD  
FCI MCKEAN

103 West St. Clair Street  
Warren, PA 16365  
(814)726-2020  
1-877-MD4-EYES  
Fax (814)726-1215

27 Porter Avenue  
Jamestown, NY 14701  
(716)483-2020  
1-866-716-EYES  
Fax (716)488-9295

2 Main Street  
Bradford, PA 16701  
(814)362-7477  
1-866-814-EYES  
Fax (814)362-4975

(EXHIBIT 8)

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER, DARRYL	REGISTER NO.: 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: AA <i>SHH AA</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, THIS IS A SICK CALL REQUEST IN REFERENCE TO A INJURY FROM AN  
ASSULT I RECEIVED TO MY EYE ON FEBRUARY 27, 2004. DOCTOR BEAM, MY EYE HAS  
NOT FULLY RECOVERED AND I NEED MEDICAL ATTENTION. DOCTOR BEAM, WOULD YOU  
PLEASE SET AN APPOINTMENT WHERE I CAN COME IN AND HAVE MY EYE EXAMINE.

THANK YOU.

(Do not write below this line)

DISPOSITION:

You were seen by Dr Howard 3/31/04  
I will have you called on 4/1/04  
for discussion of what needs  
to be done

Signature Staff Member

*[Signature]*

Date

3/31/04

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER <i>DARREN</i>	REGISTER NO.: 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: <i>AA SHG AA</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I HAVE BEEN REQUESTING MEDICAL ATTENTION TO BLEEDING

AND PAIN TO THE SURFACE OF MY HEAD AND YOU GAVE ME MEDICATION THAT IS

INEFFECTIVE. DOCTOR BEAM, I NEED SOME MEDICATION TO ALLIVIAE THIS PAIN

I HAVE BEEN SUFFERING.

THANK YOU.

(Do not write below this line)

DISPOSITION:

*I refilled the medication*

Signature Staff Member <i>[Signature]</i>	Date <i>3/31/04</i>
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Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <b>DOCTOR BEAM., M.D.</b>	DATE: <b>APRIL 28, 2004</b>
FROM: <b>INMATE BAKER</b>	REGISTER NO.: <b># 19613-039</b>
WORK ASSIGNMENT: <b>ORDERLY</b>	UNIT: <b>AA</b>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I HAD A CALL-OUT ON APRIL 28, 2004, AND MEDICAL STAFF SAID YOU CALLED IN SICK. DOCTOR BEAM, I WAS THE RECIPIENT OF DOCTOR STATHOPOULOS, M.D. MEDICAL REPORT WHEN I SAW HIM ON APRIL 15, 2004, AND HE INDICATED THAT I HAD SOME SCARRING OF THE FLOOR OF THE ORBIT WITH POSSIBLE ADHESIONS TO THE INFERIOR RECTUS MUSCLE. HE STATED THAT OPHTHALMOLOGIST LIKE TO WAIT TWO (2) WEEKS TO SEE IF IT WOULD HEAL ON ITS OWN OR SEE IF THE MUSCLE ENTRAPMENT IS RESOLVED. HE ALSO STATED THAT I WAS SIX (6) TO EIGHT (8) WEEKS OUT AND THAT I SHOULD GET A SECOND OPINION FROM AN ORBITAL PLASTIC SPECIALIST. DOCTOR BEAM I AM STILL HAVING EXCRUCIATING PAIN IN MY UPPER LEFT EYE AND I STILL SEE DOUBLE WHEN I LOOK UP, AND MY LEFT EYE DOES ELEVATE OR LOOK AS FAR UP AS THE RIGHT EYE.

(Do not write below this line)

## DISPOSITION:

The Apr 28 appt was to  
Keep you abreast of developments.  
We're on top of things! You will  
get the care you need

Signature Staff Member <i>[Signature]</i> J. BEAM, MD J. MCKEAN	Date <b>4/29/04</b>
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Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

